

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3	1					
4		1				
5	1					
6		1				
7	1					
8		1				
9		4				
10		2				
11		2				
12		2				
13		4				
14		4				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.		22				
TOTAL CLAIMS		26				

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						